

Healthy Smiles for ME, Inc.

Scan with your phone FMI

Please Complete this Consent Form if you would like your child to receive Preventive Dental Services provided by Independent Practice Dental Hygienists of Maine.



Patient Information: Grade: _____ Homeroom Teacher: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Parent/Guardian Contact Phone #: _____

1. Does the patient see a dentist regularly (every 6 months)? Yes or No

If yes, please list Office Name and Date of last visit. _____

2. Has the patient previously been seen by Healthy Smiles formerly T.F.I. (Tooth Fairies)? Yes or No

3. The following Services will be provided as needed:

Oral Hygiene Instruction Dental Cleaning Sealant Placement Fluoride Varnish

SDF *If your child has a cavity we are able to help. SDF is a fluoride that contains Silver ions that can help stop the bacterial infection that causes a cavity. SDF will darken the active cavity, this darkening process shows the cavity is not continuing to grow. It is still important to follow up with a dentist for further treatment if needed. SDF will not be used on front teeth, only cavities located in the back molars. Scan the QR code for more information.

4. Health History:

* Please list patient's physician and telephone #: _____

* Does the patient have any known **allergies**? Yes or No If yes, please list _____

* Does the patient require **Antibiotic Prophylaxis** prior to dental treatment? Yes or No

* Does the patient see a cardiologist (heart doctor)? Yes or No

* Is the patient taking any **medication**? Yes or No If yes, please list: _____

* Please circle if any of the following that applies to the patient:

| | | | | | |
|----------|----------|---------------|-------------------|------------------|-------------------|
| ADHD | Diabetes | Head Injuries | Sinus Problems | Rheumatic Fever | Tuberculosis |
| Asthma | Epilepsy | Heart Murmur | Nervous Disorders | Stomach Problems | Ulcers |
| Autistic | Cancer | Hepatitis | Kidney Disease | Latex Allergy | Bleeding Disorder |

Other medical condition not listed: _____

5. Are there any patient concerns you would like us to address?

6. Would you like your child seen in the spring if time allows for a second preventive visit? Yes or No

7. Is the patient covered by MaineCare? Yes or No

If Yes, MaineCare will cover this service, the patients MaineCare# is _____

If No, the fee for this service for One Cleaning with Fluoride, Sealants and Oral Hygiene Instruction:

Age 4-12: \$42.00 Age 13 and up: \$52.00, Please attach a check or money order made payable to:

Healthy Smiles. Financial assistance is available, please check here _____ or call for details 207-754-1176.

*If your child is covered by private dental insurance, it is recommended that you establish with a dental office that accepts your insurance. Private dental insurance does not reimburse for this service.

Healthy Smiles follows all HIPPA regulations governing patient confidentiality, information available upon request.

I (parent/guardian) understand that occasionally information must be communicated with prior providers for payment Purposes and to determine prior treatment plans. Healthy Smiles for ME, Inc. are Independent Practice Dental Hygienists licensed in Maine. Contact Information for Healthy Smiles:

Cell phone: 207-754-1176, Email: healthysmiles4me@gmail.com, Address: 39 Breton Lane, Oxford ME 04270

Parent or Guardian Signature: _____ Date: _____

Please Print Name: _____ Relationship to child: _____

By signing this form you give Healthy Smiles permission to treat your child. He/she will be seen sometime within the school year. It is understood that this service does not take the place of a complete exam by a dentist.

Please Fold for Privacy and Return to the School Nurse